

## **EÖTVÖS LORÁND UNIVERSITY Application for initiating critique procedure**

| I the undersigned hereby re<br>procedure in the academic of<br>academic field of                                     | discipline of | of the critique in the Doctoral School of |  |
|--|---------------|---|--|
| I. Required fields:  |               |   |  |
| Applicant's name:  |               | Birth name:                               |  |
| Mother's maiden name:  |               | Citizenship:                              |  |
| Place of birth (City/Country   | ry):          |   |  |
| Year of birth:   | Month:        | Day:                                      |  |
| ELTE Electronic Registration System identification code:   |               |   |  |
| Home and correspondence address (if not recorded in the Student database or changed):                                |               |   |  |
| Language proficiency:  |               |   |  |
| Language 1:  | Level/type:   | Certificate no., Date of Issue:           |  |
| Language 2:  | Level/type:   | Certificate no., Date of Issue:           |  |
| Name of doctoral school (doctoral programme) to issue pre-degree certificate:  Pre-degree certificate date of issue: |               |   |  |
| Language of doctoral programme: HUN/foreign ([please specify] ) language*  |               |   |  |

Topic supervisor's place of employment:

Name, academic degree of topic supervisor:

Language of doctoral procedure: HUN/foreign ([please specify]

**Doctoral programme type:** State-financed/Self-financed\*

) language

 $<sup>^{23}\</sup>mathrm{Amended}$  by Senate resolution CCIII/2016. (IX.26.). Effective September 26, 2016. \* Appropriate text applicable.

<sup>\*</sup> Please underline.

| I hereby declare that I do not have an ongoing doctoral<br>my doctoral dissertation, and that I have not had an uns<br>dissertation within the last two years. | 1               |
|--|-----------------|
| II. Optional fields**  |                 |
| Phone number:  | E-mail address: |
| Employer name: Work address: Work phone number:  |                 |

I declare under penalty of perjury that in case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

**Budapest, ...... 20...** 

**Declaration:** 

Applicant's signature

Please print or type the application form.

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<sup>\*\*</sup>Filling out the fields under part II is not mandatory but the details will be useful in later administrative procedures. By signing this application form the applicant agrees to the University's handling of the details provided..